

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023396

FILED
Apr 03, 2009
Secretary of State

Entity Name: HAWTHORNE INSURANCE AGENCY, INC.

Current Principal Place of Business:

6800 SE US HWY 301
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1952
HAWTHORNE, FL 32640

New Mailing Address:

P.O. BOX 429
HAWTHORNE, FL 32640

FEI Number: 59-3634205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, GINI L
6800 SE US HWY 301
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLS, GINI L
Address: 6800 SE US HWY 301
City-St-Zip: HAWTHORNE, FL 32640

Title: VP () Delete
Name: BOLES, DONNA
Address: 21624 SE 197TH ST
City-St-Zip: ISLAND GROVE, FL 32654

Title: S () Delete
Name: SCOTT, TAMMY
Address: 5929 SE 229TH TER
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA J. BOLES

VP

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date